215040887 62894			State of Nebraska Investigator's Motor Vehicle Accident Report Sheet 1 of 2														2		
2 Total Number			Local No./ District 62 Agency Case No. B5-093032								HIT & RUN	NVESTIGATION MADE AT SCENE?				L			
A/1	of Vehi		0 2	-093032		YES (In M				X NO itary Time)	STATE USI	YES	$\overline{}$	NO	1				
01	OF ACCIDENT		6/2015	YYY	y y s		W TH	V TH F S TIME OF ACCIDENT				1102							
A/2			POLICE								1102								
	PLACE OF	COUNTY	24.1040101							ED	1102	10/06/2015							
В	ACCIDENT	CITY	Lincoln	F			PRIVATE PROPERT	LATITUDE			-								
66	ROAD O			o. 33rd/L		ONE-WAY STREET?				YES NO									
с 1	DISTANCE	FROM	FEET	OF MILEPOST	HIGHWAY NO.					,	LONGITUDE				1				
D	MILEPOST MILEPOST							IF NOT AT INTERSECTION					_						
1		NAM	IE OF INTERSECT	○FE	EET MILES N S E W				W OF N	OF NEAREST STREET, BRIDGE,			E, RAILROAD CROSSING						
V1/M	L								ITS, INDICATE DISTANCE FROM NEAREST TOWN										
01	MILES		N S E	w AND	VAS OUTSIE		ITS, IN	W OF	NEAREST		ROM NEAF	REST TOWN					1		
V2/M 20				MILES				CIT	Y OR TOW	/N									
E	R. WORK ZONE	R1	S3	S3 S4 S5-a S5-b S6-a S6-b				S6-b DOES ACCIDENT INVOLVE DAM STATE DEPT. OF ROADS' PROF											
2	CODES	1		SIFICATION							◯YES 🏌 NO								
F	DDIVED.					VE	HICLE	NO. 1				CTATE	1			FEMALE	-		
1	DRIVER LICENSE	ļ	NO. H13307	7182					Income			(Of License)	NE	SE		MALE			
V1/N	DANIEL	LSO	UTH						308	-380	0-7857		LOCAL NO	J.					
1 V2/N	DRIVER ADDRI		£164, Lincolr	NF 685	CITY, ST.	ATE, ZIP			DATE OF BIRTH (MM / DD / YYY					07/29/1992					
1	OWNER			PHONE	270	79-4485						05							
G	OWNER ADDR		JTH / Danie	I L South	CITY, ST	ATE, ZIP		300		OITATION	CITATION				V1/2 46				
2	541 SL	JRFSII	8528				NG NO					V1/3							
н 5	LICENSE PLATE	PA	NO. TMM462							(Pla	YEAR ate Expires)	2016		(Of P	ate)	NE			
V1/O	VEHICLE		YEAR 2007	Dodge		Charger		BODY ST	r Seda	an	color white		TOTALE			1	V1/4		
3	VEHICLE ID NO. (VIN)	2B3	3KA43G27H			INSURANCE COMPA Farm Bure					V								
V2/O	TOWED TO	TOWED BY								POLICY NO).	L				05			
1	2037 P				LTR	VE	HICLE	NO. 2			7743	208					V1/6 35		
1	DRIVER		NO.									STATE		SE	-x -	FEMALE			
V1/P	DRIVER DRIVER	ER							PHONE		(Of License)	LOCAL NO.				-			
1	Parked DRIVER ADDRI	ESS		ATE, ZIP											V2/1 21				
V2/P	OWNER		DA E (MM /									V2/2							
8 J	ÖWNER BARBARA S SCRIBNER									-484	4-8298		LOCAL NO.						
01	owner addr	ESS	ATE, ZIP		CITATION PEND				YES NG X NO	CITATION	NO.			V2/3					
V1/Q	LICENSE PLATE	D.4	DCI/ 422								YEAR	2016		STA	TE	NE	V2/4		
1		YEAR		MAKE	MC	DDEL		BODY ST		<u> </u>	COLOR	 E	STIMATED [E E		-		
V2/Q	VEHICLE		2015		•				rhite TOTALED \$ 500			500		V2/5 21					
4 к	VEHICLE ID NO. (VIN)	5N′	IAZ2MH7FN	1				Mem	Memberselect Insi			surance Company							
03	TOWED TO TOWED BY										POLICY NO	AUTO44501100					V2/6		
		sons				OF BIRTH	1 Seat	2 Figst	3 Body	Injury Trai	SEX								
VEH. #	NAME	(Corr	plete a continuati		DRESS	ee were injui	rea)				(MM /	DD / YYYY)	Position	Eject	Body Region	Sev. Tra	IIS. IVI F		
	LOCAL NO.		MEDICAL FACILITY	EMS SERVICE NAME					EMS RUN REPORT NO.										
			MEDIOAL FACILITY	ZO GERVIOL NAIVIE					LINIS KU	LIVIS RUIN REPURT INU.									
VEH. #	NAME			•															
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SE	RVICE NAM	1E				EMS RU	N REPO	DRT NO.				
VEH. #	NAME			AD	DRESS														
v⊆⊓. #					_ 														
	LOCAL NO. MEDICAL FACILITY NAME EMS SERVI								S SERVICE NAME				EMS RUN REPORT NO.				•		

